

SNF LISTENING SESSION: The Possible Expansion of MDS Data Submission to All SNF Residents Regardless of Payer



Held on: 29th August, 2023

Comments close: 5pm ET on 28th September, 2023

Questions CMS is seeking comments on are outline below:

1. Using the definition of skilled nursing and/or rehabilitation services as defined in [Section 30.2 – Skilled Nursing and Skilled Rehabilitation Services](#), do you think it would be feasible to identify residents requiring an MDS assessment for purposes of the SNF QRP? And if not feasible, then what are those problems you anticipate?
 - i) How do plans other than Medicare define “skilled services”?
 - ii) Are there other considerations we should be aware of?
2. Would it be helpful if CMS were to add an item like A1400 (*displayed during the webinar*) to the MDS that listed 13 payer options to choose from?
 - i) Who is primarily responsible for filling this information out on the MDS? Is it the RN or does the information come from the Business Office?
 - ii) Do you have any suggestions for how CMS could ensure the payment information collected is accurate?
 - iii) Are there other considerations for changes to the MDS, specifically Section A, that would be necessary to accommodate an all-payer proposal? For example, should CMS consider adding additional items to A0310 of the MDS in order to indicate a non-PPS beneficiary in addition to the Payer items?
3. What percentage of your total stays do you combine the 5-day and Comprehensive assessment?
 - i) What percentage of non-Medicare FFS residents admitted for short-stay skilled services <14 days are you already completing a 5-day PPS MDS assessment for?
 - ii) Do these other payers require portions of the MDS to be filled out for them regardless of the length of stay? Or do they have another assessment tool they want you to use?
4. What kinds of changes in service level do you encounter that an All-Payer policy should consider?
 - i) Would there be benefits of having payer source and quality data reported on all your residents when a change in service level occurs within your SNF?

The Centers for Medicare & Medicaid Services (CMS) has contracted with Acumen, LLC to support the development, evaluation, and maintenance of quality and cost measures for use in the Post-Acute Care (PAC) and Hospice Quality Reporting Program (QRP) and Nursing Home Compare as mandated by the Patient Protection and Affordable Care Act (PPACA) of 2010 and the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014. Acumen’s contract name is “Quality Measure & Assessment Instrument Development & Maintenance & QRP Support for the Long-Term Care Hospital, Inpatient Rehabilitation Facility, Skilled Nursing Facility, Quality Reporting Programs, & Nursing Home Compare.” The contract number is 75FCMC18D0015, Task Order 75FCMC19F0003